

**State of Arizona Acupuncture Board of Examiners
1400 West Washington, Suite 230, Phoenix, Arizona 85007
(602) 542-3095 Fax (602) 542-3093**

**REGULAR ACUPUNCTURE
LICENSE APPLICATION
A.R.S. § 32-3924**

<u>Scope of license</u> Unrestricted practice of acupuncture in the State of Arizona	<u>Term</u> One year. May be renewed.
--	---

REQUIREMENTS FOR LICENSURE

1. Successful completion of Clean Needle Technique Course approved by the Board.
2. Meets ONE of the following requirements: <ul style="list-style-type: none"> a. Has been certified by the National Commission for the Certification of Acupuncture and Oriental Medicine (NCCAOM), or its successor organization, OR b. Has been certified in acupuncture by another certifying body OR examination that is recognized by the Board, OR c. Has been licensed by another state with substantially similar standards, AND has not had certification or licensure revoked.
3. Graduation from or completion of training in a Board approved program of <u>acupuncture</u> with: <ul style="list-style-type: none"> a. A minimum of 1,850 hours of training. b. Of the 1,850 hours, at least 800 hours must be in Board approved clinical training.
4. A photograph taken within the past year, not less than 2" x 2". Sign your name on the light portion of photograph, not across front.
5. Submit this application with your notarized signature to the address above.
6. Pay application fee and license fee in the amount of \$425.00 (R4-8-203 (2)(5))

**ACUPUNCTURE APPLICATION, LICENSE AND RENEWAL
FEE SCHEDULE FOR 2004**

Application fee:	A.R.S. § 32-3927 (A) (2)	\$150.00
License fee:	A.R.S. § 32-3927 (A) (1)	\$275.00
Renewal fee:	A.R.S. § 32-3927 (A) (4)	\$275.00

APPLICATION FEE AND LICENSE FEE MUST BE INCLUDED WITH APPLICATION

A receipt will be returned to you within 20 days. Please make checks or money orders payable to the **Arizona Acupuncture Board of Examiners. DO NOT SEND CASH.**

All payments must be on a United States bank draft in United States currency.

Date received _____ Amount _____ Check # _____ Receipt # _____

CLEARLY PRINT OR TYPE ALL INFORMATION

Last Name: _____
First Name: _____
Middle Name: _____
Other names known by: _____

Business Address:

Name: _____
Street: _____
City: _____
State: _____ Zip Code _____

Residential Address (If different than above)

Home telephone numbers and addresses will be kept confidential, unless these are the only numbers of record.

Street: _____
City: _____
State: _____ Zip Code _____

TELEPHONE NUMBERS

HOME _____

BUSINESS _____

OTHER _____

DATE OF BIRTH

_____/_____/_____
SOCIAL SECURITY NUMBER

_____-_____-_____

Your application is not complete until the Board office has received all verification documents.

Applicants must contact the organizations or individuals to have verification sent directly to the Board. Records and documents must have an original (not photocopied) signature, stamp or seal of the official authorized to maintain the records of the organization or individuals.

Any documents that are not in English must be accompanied by an acceptable, original translation, performed by a qualified translator, which includes all written and printed material on the original. An Affidavit of Accuracy in which the translator who performed or verified the translation affirms that the entire document has been translated, that nothing has been omitted or added, and that the translation is true and correct, must accompany the translation.

PLEASE PLACE AN X NEXT TO ANY APPLICABLE STATEMENTS

☐ **Yes** ☐ **No** **Have you been licensed by another state, territory, district of the United States or country? List the states, including inactive licenses.**

State or Country	License Number	Date Issued	Expiration Date	Limitations on License	Licensure by endorsement examination or other

☐ **Yes** ☐ **No** **Are you certified by the National Commission for the Certification of Acupuncture and Oriental Medicine (NCCAOM)?**

Is your certification active and current? ☐ Yes ☐ No

Date of current certification / / Expiration Date of Certificate / /

☐ **Yes** ☐ **No** **Are you certified in acupuncture by another certifying body not listed above?**

Name of certifying body:

Address of certifying body:

Date of current certification / / Expiration Date of Certificate / /

☐ **Yes** ☐ **No** **Have you passed an examination in acupuncture, other than listed above?**

Name of organization:

Address of organization:

☐ **Yes** ☐ **No** **Have you completed an acupuncture program accredited within the United States?**

List the date you completed the program / /

☐ **Yes** ☐ **No** **Have you completed a minimum of 1,850 hours of training with at least 800 hours of clinical training?**

SCHOOL GRADUATED FROM AND LOCATION (if applicable)	YEARS ATTENDED	DATES OF ATTENDANCE		DIPLOMA OR DEGREE OBTAINED
		FROM	TO	

You must contact the degree issuing school and request transcripts to be sent directly to the Board.

Attach any additional schooling to this application.

YOU MUST ANSWER ALL OF THE FOLLOWING QUESTIONS:

- | | |
|--|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Has any acupuncture licensing authority of any other state, district, or territory of the United States or any other country or subdivision of any country, ever refused or denied you a license or certificate to practice acupuncture, or revoked, suspended, limited, restricted, or taken any other action regarding your license or certificate to practice acupuncture? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you have any condition that may impair your ability to practice acupuncture safely and skillfully? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you ever been convicted of a crime, other than a minor traffic offense? Include pleas of guilty and no contest, conviction for driving under the influence of drugs or alcohol. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Has a claim for malpractice ever been made against you or has a lawsuit ever been filed against you, alleging professional malpractice or negligence in the practice of acupuncture? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Has any health care facility ever terminated, restricted, or taken any other action regarding your employment, professional training, or privileges, or have you ever voluntarily or involuntarily resigned from a health care facility while under investigation? |

If you answered YES to any question, you must attach a letter of explanation, and documents or records that have original (not photocopied) signature, stamp or seal of the official authorized to maintain the records or documents.

NOTICE:

Pursuant to A.R.S. 32-3208 an applicant who has been charged with a misdemeanor or felony involving conduct that may affect patient safety after submitting an initial application or an application for renewal must notify the regulatory board in writing within ten working days after the charge is filed.

Your application is not complete until the Board office has received all verification documents and completed the administrative review.

AFFIDAVIT

I hereby certify that under penalties of perjury, I declare and affirm that the statements made in this application, including accompanying statements and transcripts, are true, complete and correct. I understand that any false or misleading information, in or in connection with my application may be cause for denial or loss of licensure.

Signature of Applicant

Date

Notary Section

IN THIS SPACE ATTACH

A PHOTOGRAPH

TAKEN WITHIN THE PAST YEAR